

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>map</i>	49	12/31/94
O.I.P.E. CLASSIFIER			1/10/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>Gr</i>	64937	11/3/00

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	1/10/00
2	✓	✓	1/10/00
3	✓	✓	1/10/00
4	✓	✓	1/10/00
5	✓	✓	1/10/00
6	✓	✓	1/10/00
7	✓	✓	1/10/00
8	✓	✓	1/10/00
9	✓	✓	1/10/00
10	✓	✓	1/10/00
11	✓	✓	1/10/00
12	✓	✓	1/10/00
13	✓	✓	1/10/00
14	✓	✓	1/10/00
15	✓	✓	1/10/00
16	✓	✓	1/10/00
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18	✓	✓	1/10/00
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25	✓	✓	1/10/00
26	✓	✓	1/10/00
27	✓	✓	1/10/00
28	✓	✓	1/10/00
29	✓	✓	1/10/00
30	✓	✓	1/10/00
31	✓	✓	1/10/00
32	✓	✓	1/10/00
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44	✓	✓	1/10/00
45	✓	✓	1/10/00
46	✓	✓	1/10/00
47	✓	✓	1/10/00
48	✓	✓	1/10/00
49	✓	✓	1/10/00
50	✓	✓	1/10/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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